



August 21, 2018

Mika Bradford CN, CPhT
Chairperson
The Texas Council on Consumer Direction
600 Elaine Street
Keller, Texas 76248

Dear Ms. Bradford

Thank you for your letter dated June 27, 2018, expressing the Texas Council on Consumer Direction's concerns regarding the electronic visit verification (EVV) requirements under the 21st Century CURES Act.

Based on Centers for Medicare and Medicaid Services (CMS) guidance, HHSC is working to detail the impacts of the federal requirements, including the policy, operational, and technology changes needed for compliance. We recognize how critical stakeholder input is into EVV solutions for the Consumer Directed Services (CDS) program and have begun a deeper engagement with both Medicaid members (employers) and financial management services agencies. We will continue this dialogue throughout implementation.

Presently, HHSC facilitates monthly EVV specific workgroups with the managed care organizations and meets bi-monthly with CDS stakeholders. Based on stakeholder feedback and research, the current EVV business and system processes will require modifications to meet the needs of the additional populations required by the CURES Act.

HHSC's priority is developing an EVV solution that meets the needs of all of those impacted. HHSC has prepared an implementation plan that describes the CURES Act soft launch approach, including participants, goals and timeline. The detailed plan is enclosed, and a summary is below. We believe this plan addresses the concerns you have raised in your letter, but we will work with you throughout the process.

HHSC will implement the CURES Act expansion as a soft launch. In the first step of the soft launch, a small group of users from each new population added by the CURES Act, including CDS, will conduct evaluations of the EVV system. The goal of the evaluations is to collect stakeholder feedback and to document changes to EVV systems and processes necessary to meet program requirements. The second step of the soft launch will be to implement system and process changes, some of which will be identified by the evaluations. The evaluation groups will also provide feedback on how to meet training needs for the various populations that will be

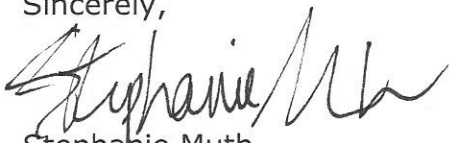
required to use EVV; these recommendations will be included in a comprehensive training plan to be used during the third step of the soft launch, training and onboarding. Once all of these steps are complete, HHSC will implement a phased roll out of EVV to the new populations.

To ensure there are no disruptions in services during the evaluations, participants will continue to follow current program processes. The use of the GPS mobile application will continue to be an option for those using EVV and will be an option for use in the planned evaluations. Should there be any issues during the evaluation, providers will be able to revert to paper timesheets until the issue has been addressed.

The enclosed plan targets full implementation by January 1, 2020. As you know, Congress passed legislation delaying required use of EVV for personal care services until January 1, 2020. Based on the current timeframe, HHSC does not plan to submit a good faith exemption request as CMS has indicated new CURES Act guidance will be forthcoming. We will continue to evaluate that over the course of implementation.

My staff and I are committed to working with stakeholders throughout the process and will be in communication. Thank you for your continued commitment and partnership.

Sincerely,



Stephanie Muth
State Medicaid Director

Enclosure (1)

What is the EVV Cures Act Soft Launch?

The Cures Act is a federal law enacted on December 13, 2016 that amends Section 1903 of the Social Security Act (42 USC 1396b). Section 12006 of the Cures Act describes EVV requirements and federal financial matching participation to support the development of EVV systems for the delivery of all personal care services and home health services under Medicaid.

The Cures Act expands the scope of programs and services that HHSC currently requires for EVV to include the following for 2019:

- Deaf-Blind Multiple Disabilities (DBMD), 1915(i) Adult Mental Health (AMH) HCBS providers; Personal Care Services carved out of STAR Managed Care.
- All individuals participating in the Consumer Directed Services (CDS) option or Service Responsibility Option (SRO).
- Home and Community-based Services (HCS), Texas Home Living (TxHmL) 1915(c) waiver providers.

Based on current stakeholder feedback and research, the current EVV business and system process will require modifications to meet the needs of these additional populations. At a minimum, there are several variances in how the delivery of services is managed between the CDS/SRO Employer model and traditional Provider agency model; there are additional program documentation requirements during service delivery and variances in scheduling requirements.

These variances need to be well understood and documented prior to successfully launching the EVV process for these programs in 2019 to fulfill the requirements of the Cures Act.

To accommodate the specific changes to the systems and process, we will be implementing a Soft Launch for these programs. The Soft Launch will begin with three (3) separate Evaluations with a small set of Stakeholders allowing us to define and develop the necessary changes to the program policies, procedures and systems for EVV in Texas. The three Evaluation groups are:

- **EVALUATION 1:** DBMD, AMH, YES & STAR (FFS)
- **EVALUATION 2:** HCS & TxHmL
- **EVALUATION 3:** CDS/SRO

HHSC will coordinate meetings with participants of each Evaluation group throughout the process. The EVV requirements will be launched for each program group once all high priority modifications have been finalized for systems, processes, procedures, policies and stakeholders have been trained. The goal is to be complete for all program expansion by January 1, 2020 to meet the Cures Act 2019 requirements.

2 WHO WILL PARTICIPATE IN THE EVALUATIONS?

2.1 HHSC ORGANIZATIONS

- A. HHSC Claims Management Division (CMD) EVV team will take the lead on planning and conducting the EVV Cures Act Evaluations.
- B. HHSC Regulatory - manage any changes to their processes and procedures related to EVV Cures Act Evaluations.
- C. HHSC Policy - manage policies changes because of the EVV Cures Act Evaluations.
- D. HHSC PCS – Contract Oversight and Support (COS) to manage any changes to monitoring processes, procedures, monitoring tools, and policy related to EVV Cures Act Evaluations.
- E. HHSC MCO - manage any changes to the MCO requirements for EVV:
- F. HHSC Legal for Policy Changes.
- G. HHSC Contract Monitoring Staff who conduct the Monitoring Reviews:
- H. HHSC Utilization Review
- I. HHSC Enforcement Unit for assistance with taking action/sanctions:

2.2 VENDORS

- A. Texas Medicaid Healthcare Partnership (TMHP) will participate, as coordinators, for documentation of any changes to the Future State model and as the contract holder for DataLogic.
- B. DataLogic will provide the EVV software system for use by the EVV Cures Act Stakeholders. DataLogic will also provide system changes to the EVV software based upon the business requirements elicited during the EVV Cures Act Evaluations with the Stakeholders.

2.3 MANAGED CARE ORGANIZATIONS (MCOs)

The MCOs will be involved in the Evaluations to receive status updates on the progress and as reviewers of changes to the EVV systems/policies pertaining to Managed Care.

2.4 STAKEHOLDERS

Each participant in the Evaluations will use the EVV software system in addition to their normal business practices for establishing services, delivering services and providing financial management. Participation in the respective Evaluation will not take the place of the current process in use for the stakeholders and will have no impact on the payment of claims. Participants will not receive any compensation. Each participant will be required to sign an agreement to document their understanding that they will not be compensated, will continue to follow current requirements including documentation requirements, not be excluded from contract monitoring, etc. This agreement will be reviewed by legal and program/policy staff to ensure everyone understands.

3 WHEN AND HOW WILL THE EVALUATIONS TAKE PLACE?

Each Program group will have an opportunity to offer feedback on the system and process to ensure we are meeting their needs. HHSC will coordinate meetings with all participants on a bi-weekly basis to gather feedback and provide status. Status along with any Risks and Issues will be further shared with the Provider Workgroup and the Management Committee when escalation is needed for resolution.

3.1 PHASE 1 - PREP FOR EVV EVALUATIONS (6/1/2018 THROUGH 12/31/2018)

A. HHSC CMD EVV team will:

- a. Develop a list of Stakeholder participants.
- b. Once a participant list is confirmed, invitations will be sent out.
- c. Assemble the Evaluation participants for an initial orientation meeting to include:
 - i. A demonstration of the DataLogic software that will be used in the Evaluation
 - ii. Explanation of the Evaluation goals, rules etc. in this document.
 - iii. Templates for Stakeholders to communicate business and system requirements for DataLogic software, policy and EVV business process.
- d. Develop an EVV Training Plan for the Soft Launch inclusive of all new Providers, HHSC Staff for the launch and ongoing training by Program.

B. HHSC Organization Participants will:

- a. From 6/1/2018 through 9/30/2018:
 - i. Meet with the HHSC CMD EVV team as needed, to assist with defining:
 1. Participating Stakeholders for the Evaluations,
 2. Requirements for the EVV process according to program policies, processes and procedures.
- b. From 10/1/2018 through 12/31/2018
 - i. Attend the Orientation session with Stakeholders to identify program requirement changes.
 - ii. Attend any subsequent sessions with Stakeholders for each Evaluation group if needed.
 - iii. Review the EVV Training Plan and provide feedback.

C. DataLogic (with TMHP support) will:

- a. Prepare the DataLogic EVV software for use in the Evaluations.
- b. Demonstrate the product to the Evaluation participants and gather feedback for any additional changes needed prior to the start in January 2019.
- c. Provide written training materials to be used for Stakeholders during the trial.
- d. Coordinate setup of software and data collection methods for each Evaluation with respective Stakeholder participants.

4 WHEN AND HOW WILL THE SOFT LAUNCH BE COMPLETED?

4.1 PHASE 4 - EVV TRAINING AND ONBOARDING (4/1/2019 THROUGH 11/30/2019)

Training and onboarding of the Provider population will be staggered with an estimated schedule as follows:

- DBMD, AMH, YES and STAR FFS Providers – 4/1/2019 through 5/31/2019
 - HCS and TxHmL Providers – 6/1/2019 through 8/31/2019
 - CDS/SRO Employers & FMSAs – 9/1/2019 through 11/30/2019
- A. HHSC CMD EVV Team will:
- a. Offer EVV policy training to all Cures Act Stakeholders in Texas.
- B. DataLogic (with TMHP oversight) will:
- a. Offer EVV system training to all Cures Act Stakeholders in Texas.
 - b. Setup all Stakeholders as users of the Vesta system.
 - c. Ensure all Stakeholders and attendants are ready to begin collecting data.
- C. TMHP will:
- a. Offer EVV system training for the Data Aggregator Online Portal to all EVV Stakeholders.
 - b. Setup all Cures Act Stakeholders as users of the Data Aggregator Online Portal.
- D. MCOs will:
- a. Offer EVV policy training to all Cures Act Stakeholders in Texas.
- E. HHSC Monitoring Staff will:
- a. Attend EVV training.

4.2 PHASE 5 - EVV PHASED ROLLOUT (10/1/2019 THROUGH 12/31/2019)

The rollout of EVV will be accomplished during this time period starting with the smaller program Provider populations leading up to the larger populations. Dates will be finalized as the project progresses but an estimated schedule is:

- DBMD, AMH, YES and STAR FFS Providers – 6/1/2019 through 9/30/2019
 - HCS and TxHmL Providers – 9/1/2019 through 12/31/2019
 - CDS/SRO Employers & FMSAs – 9/1/2019 through 12/31/2019
- A. HHSC CMD EVV Team will:
- a. Monitor the progress of the rollout.
 - b. Post written policies for Cures Act Stakeholders.
- B. MCOs will:
- a. Post written policies for Cures Act Stakeholders (CDS Employers and FMSAs for programs with CDS services carved into Managed Care).
 - b. Monitor the progress of the rollout for their providers.